

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10771783</i>	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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47						97				
48						98				
49						99				
50						100				
Total Indep	2									
Total Depend	10									
Total Claims	12									

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